U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2008

This report is mandatory under P.L. 88-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

	1. File Number U = 3599			2. Fiscal Year Covered From:				
				1/1/	2004 Through	h: 12/31	2004	
3. Name and address of person fliing.			4. Name	4. Name, file number, and address of labor organization.				
Name Dennis J Cook			Name	Name Chicago Regional Council of Carpenters				
			Labor	Organization File N	umber 001-94	49		
P.O. Box, Bidg., Room No., if any			P.O. E	P.O. Box, Building and Room Number, if any				
Street	15436 Natalie Dr		Street	12 E. Erie S	itreet	a version de l'Alle (1964) de la company a 15 partir en mandrature principal de la company. La company de la company d	in skin er den grungen genere en syerre en de blever de krim er de 'n skin' it gewydd. Yn de far ei gan grenne en de gan	
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State	Illinois	ZIP Code + 4 60452	State	Illinois	ng k _{ara} ntay ngantan sa madaan n _{angkaling} ga _{n k} anggang ng ngantan.	ZIP Code + 4	60611	
5. Positio	on in labor organization.		mineramental programme and the state of the	an minimizer, where the a principle control of the man despends for the control of the finishing of the fini	and the Communication of the C		Talker To programs the restrict station between 1 states and the financial states and the states and the same of	
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6. Name Name Trade N P.O. Bo Street City State 15. Significant State unders	gnature and verification. ted in this report (including signed's knowledge and be	ZIP Code + 4 The undersigned declares, under pentithe information contained in any accoller, true, correct, and complete. (See	7.a. Nati	ount. Ount. d other applicable pents), has been exa	ensities of the law	w, that all of the in		
6. Name Name Trade N P.O. Bo Street City State 15. Significant State unders	and address of Employer (larne, if any: ox, Bidg., Room No., if any gnature and verification, ted in this report (including	ZIP Code + 4 The undersigned declares, under pentithe information contained in any accoller, true, correct, and complete. (See	7.a. Nati	ount. Ount. d other applicable pents), has been exa	ensities of the law	v, that all of the interest and is, to the		

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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.							
8. Name and address of Business (Including trade name, If any).	9. Business deals with:						
Name Legacy Professionals, LLC							
Trade Name, if any:	a. Labor Organization b. Trust						
P.O. Box, Bidg., Room No., Wany Suite 4200	c. Employer						
Street 30 N. LaSalle St.							
City Chicago							
State Illinois ZIP Code + 4 60602							
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.						
Name	3 logo golf balls received at a golf outing. (Entry and participation fees for the outing were pid for personally, with my own funds.)						
Trade Name, if any:							
P.O. Box, Bldg., Room No., if any							
Street	11.b. Approximate dollar value of such dealing. \$11						
City	12.a. Nature of interest held or income received.						
State ZIP Code + 4							
— — — — — — — — — — — — — — — — — — —							
	12.b. Amount.						
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.							
13.s. Name and address of Employer or Labor Relations Consultant (Including trade name, if any).	14.a. Nature of payment,						
Trade Name, if any:							
P.O. Box, Bidg., Room No., if any							
Street							
City							
State Indiana ZIP Code + 4							
13.b. is the Business an Employer or Consultant ?	14.b. Amount of payment.						

DISCLAIMER

The transactions, dealings and interests that are detailed in the attached LM-30 Report represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended LM-30 Report.

Signature

Date